

## BLASTER RECERTIFICATION AFFIDAVIT

As part of the Montana Blaster Certification Program for blaster recertification, pursuant to ARM 17.24.1261(4), please complete the affidavit and application, and return them to: Montana Department of Environmental Quality, Industrial & Energy Minerals Bureau, P.O. Box 200901, Helena, MT 59620-0901.

I, the undersigned, hereby certify that I have conducted or directed blasting operations within the past 12 months (\_\_\_) or am applying to take the recertification exam (\_\_\_), and that I have read and understand the document titled, Montana Blaster Certification Training Manual. In addition, I have completed at least 16 hours of refresher training meeting the requirements set forth by ARM 17.24.1262 and hereby do attach a verifiable statement indicating such completion.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Company)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_